



State of Rhode Island Department of Business Regulation



COMMERCIAL LICENSING & REGULATION
233 RICHMOND STREET
PROVIDENCE, RI 02903
Phone 401-222-2416
www.dbr.state.ri.us

AUTO WRECKING, SALVAGE YARD & SALVAGE PROCESSORS LICENSE APPLICATION

INSTRUCTIONS

1. Fully complete and notarize the attached application.
2. Each question must be fully and truthfully answered. Any material misrepresentation will be grounds for denial or subsequent revocation of auto wrecking and salvage yard license.
3. Use additional sheets of paper if space provided for answer is not sufficient and reference each item by number as it appears on this application.
4. Each application for license must be accompanied by the required three hundred and sixty dollars (\$360.00) for a three (3) year license. Checks should be made payable to the Rhode Island General Treasurer. The following items must also be attached.
 - a). Proof of Ten Thousand Dollar (\$10,000.00) surety bond.
 - b). Copy of local license where applicable.
 - c). A signed BCI waiver form.



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AUTO WRECKING & SALVAGE YARD

June 30, 2006-June 30-2009

CHECK WHICH OF THE FOLLOWING APPLIES TO YOU:

_____ Individual (Signatory must be individual)

_____ Firm (Signatory must be owner)

_____ Partnership (Signatory must be a general partner)

_____ Corporation (Signatory must be a principal officer or majority stockholder)

(1) Name Last First Middle (2) Social Security#

(3) Address # Street City/Town State Zip Code

(4) Home Telephone (5) U.S. Citizens (6)(7) Date & Place of Birth

(8) Name and address of applicant's place of employment and length of time engaged in the employment.

(9) Business name under which applicant intends to operate (if different from Item 8)

Number of Employees _____

(10) Principal office of auto wrecking and salvage yard (if different from Item 8)

Street City/Town State Zip

(11) Business Telephone (12) Date auto wrecking and salvage yard business
commenced or will commence operations

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(13) Length of time applicant was employed in auto wrecking and salvage business

(14) List normal business hours and days of operation

(15) List all wrecking and salvage yard business branches or location other than principal office where business will operate in Rhode Island

Branch	Street	City/Town	State	Zip	Telephone
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Length of time branch in operation, and name utilized, if different, from home office.

COMPLETE 17 AND 18 ONLY IF AUTO WRECKING AND SALVAGE YARD
BUSINESS IS PARTNERSHIP OR CORPORATION

(17) Date/Place of Incorporation

(18) Please provide the following information for all the officers of the corporation and stockholder with more than 10% of any class of stock. If partnership, or limited liability corporation, please provide the information for all partners or members.

Name	Business Address	Residence	Position or Title
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Name	Business Address	Residence	Position or Title
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Name	Business Address	Residence	Position or Title
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Name	Business Address	Residence	Position or Title
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(19) Have you ever had a license application refused or a business license or permit to operate an auto? wrecking and salvage yard business or to act as an agent of such business suspended or revoked in this or in any other state or lawful jurisdiction? If yes, please explain. (Use separate sheet if necessary)

Yes _____

No _____

(20) Has any individual, firm, partnership, corporation, or organization with which you are now or have been associated in any capacity had a business license, permit refused, suspended or revoked? If yes, please explain. (use separate sheet if necessary)

Yes _____

No _____

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(21) Has the owner, partner, director, officer, member, or stockholder of the applicant or applicant's business ever had a license to operate as a business or operate as an agent of a business refused, suspended, or revoked? If yes, please explain. (Use separate sheet if necessary)

Yes_____

No_____

(22) Have you ever been: (1) indicated for and/or convicted of any crime other than a minor traffic violation, or
(2) been indicted for and/or convicted of any felony or misdemeanor, or
(3) convicted of any crime of moral turpitude; or
(4) misrepresenting products or services, or
(5) misappropriating or unlawfully converting monies of others or
(6) been placed on probation for any crime? If yes, please explain. (Use separate sheet if necessary)

Yes_____

No_____

(23) Have you knowledge of any individual associated with the applicant, either owner, partner, or principal corporate officer or stockholder of the applicant, or applicant's business, being indicated or convicted of any offense or placed on probation in items 19-22? If yes, please explain. (Use separate sheet if necessary)

Yes_____

No_____

(24) Have you read and do you understand the provisions of Title 42, Chapter 14.2 of the General Laws of Rhode Island pertaining to the regulation of the auto wrecking and salvage yard business?

Yes_____

No_____

(25) Name and address of insurance company supplying surety bond and expiration date.

(26) Is there any person or corporation whose name is not disclosed above whom has a financial interest in the applicant or whom otherwise exercises control or direction over the applicant?

Yes_____

No_____

(27) Will the applicant (or any partner, in the case of a partnership, or any officer or director, in the case of a corporation) be engaged, occupied or employed in any business, occupation or profession other than the business for which this application is requested?

Yes_____

No_____

If yes, give full particulars. (Use separate sheet if necessary)

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(28) If a corporation or partnership, please designate the name of one principal active officer or the company to whom such license shall be issued.

Name: _____

(29) Have you or are you a party to:

(a) Discharged or undischarged bankruptcy	Yes _____	No _____
(b) Presently involved in bankruptcy proceeding	Yes _____	No _____
(c) A Corporation that is or was involved in a bankruptcy proceeding	Yes _____	No _____

(30) Are there any unpaid judgement (s) outstanding against you?

Yes _____ No _____

(31) Please provide a zoning approval statement or similar document for your business location.

(32) Please list name and address of Worker's Compensation Insurance Company.

(33) Please list name and home addresses of all paid and unpaid employees:

The undersigned hereby apply/applies for license Pursuant to the provisions of Title 42, Chapter 14.2 Of the General Laws of Rhode Island and make(s) Oath and representations made in this application, Including all supplementary statements hereto Attached.

Signatory (individual, owner, general partner or Principal officer)

Co-signatory (authorized individual if signatory is Non-resident or is not employed in Rhode Island)

Subscribed and Sworn to at

Day of _____, A.D., 20_____.

Notary Public

Commission Expires

Waiver

I, _____, of _____
(applicant name) (address)

having date of birth of _____ and social security number of _____ am applying for a _____ license with the Department of Business Regulation and hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, the employees of the Attorney General's Office and officials of the Department of business Regulation in both law and equity which I may now have or in the future may have.

(Signature of Applicant)

Sworn to before me on this _____ day of _____, 20____.

(Notary Public)

My Commission Expires: _____

General Treasurer of the state of Rhode Island

Bond Form

KNOW ALL MEN BY THESE PRESENTS:

That we _____
(hereinafter called the Principal), having an office at _____
in the State of Rhode Island, and _____ (therinafter called
the Surety), as Surety, a corporation organized under the laws of the State of _____
and duly admitted to transact the business of Surety Insurance in the State of Rhode, are
held and firmly bound unto the General Treasurer of the State of Rhode Island and Providence Plantations
in the penal sum of _____
_____, to be paid to the General Treasurer of the State of Rhode Island and Providence Plantations,
for the benefit of any person referred to in the conditions of this bond for which payment, well and truly
made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these
presents.

The conditions of this obligation are such, that ---

WHEREAS, The said Principal has applied to the Department of Business Regulation of the State
of Rhode Island and Providence Plantations for a license to act as a _____ in said State; in
accordance with Title _____, Chapter _____ of
the General Laws, as amended.

NOW, THEREFORE, if said Principal shall account to any person from whom said Principal, or
any person acting in behalf of said Principal, shall hereafter obtain monies for the payment of services,
negotiated, placed, or effected by said Principal as a _____ under the provisions of Title _____,
Chapter _____ of the General Laws, as amended, or by any person acting in behalf of said Principal, then
this obligation shall be void; otherwise to remain in full force and effect.

The total aggregate liability under this bond is limited to the sum of _____.

This bond shall continue in force and effect unless, as to future acts or
omissions of the Principal, it is terminated or cancelled.

(1) By order of said Department; or

(2) By the Surety delivering thirty (30) days written notice to said Department
that the same will be cancelled.

Such cancellation or termination shall not affect any liability incurred or accrued
hereunder prior to the termination or cancellation of said bond by said Department or prior to the
termination of the thirty (30) day period for notice if terminated by Surety.

This bond shall take effect on and as of _____, 20_____.

Signed and sealed this _____ day of _____, 20_____.

Witness _____

(Principal)

Witness _____
